

WOMEN'S INTERAGENCY HIV STUDY

METABOLIC STUDY: MS02 LAB REPORT FORM

ID LABEL HERE ---> - - -

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **04/01/03**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. Date Blood Drawn:

___ ___ / ___ ___ / ___ ___
M D Y

A2. LAB RESULTS:

BLOOD TESTS

- a. Fasting Glucose: mg/dl
- b. Fasting Insulin: uv/ml
- c. 2ND (30') Glucose: mg/dl
- d. 2ND (30') Insulin: uv/ml
- e. 3RD (60') Glucose: mg/dl
- f. 4TH (120') Glucose: mg/dl
- g. 4TH (120') Insulin: uv/ml